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*Attorneys for Plaintiff BNSF Railway Company*

**IN THE NINETEENTH JUDICIAL DISTRICT COURT OF MONTANA  
LINCOLN COUNTY**

BNSF RAILWAY COMPANY, on behalf of  
THE UNITED STATES OF AMERICA

Plaintiff/Judgment Creditor,

vs.

THE CENTER FOR ASBESTOS  
RELATED DISEASE, INC.,

Defendant/Judgment Debtor.

Civil Action No.: DV-27-2025-0000003-FJ

**WRIT OF EXECUTION**

**The State of Montana, to the Levying Officer of the County of Lincoln, Greetings:**

**WHEREAS**, on the 28th day of June 2023, the Court entered judgment in favor of Plaintiff BNSF Railway Company ("BNSF") against Defendant Center for Asbestos Related Disease, Inc. ("CARD"). On July 18, 2023, the Court entered an Order amending the judgment and specifying that BNSF's judgment was for the sum of \$1,456,505.75, together with \$322,657.20 in costs and \$1,101,279.38 in attorney's fees for a total Judgment amount of \$2,880,442.33, plus accruing costs and post-judgment interest at the statutory rate of 5.34% per annum on the total Judgment amount, from the date of Judgment until paid in full, as appears to us of record. The sum of **\$2,880,442.33** with interest and accruing costs, is now due and owing, as calculated below:

Judgment Amount	\$1,456,505.75
Trial Court Costs	\$322,657.20
Trial Court Attorney's Fees	\$1,101,279.38
Accruing Costs:	
Foreign Judgment Fee	90.00
Writ Fee	5.00
Interest:	\$240,205.22
From 7/18/2023 – 2/7/2025 (\$421.41/day)	

<b>Total Due and Owing As of 2/5/2025</b>	<b>\$3,120,742.55</b>
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**AND WHEREAS**, the Judgment was filed in the Clerk's office, in the said County of Lincoln, and the said Judgment was docketed in said Clerk's office in the said Court, on January 9, 2025 and the sum of **\$2,880,442.33**, with interest and accruing costs, is now (at the date of this writ) actually due on said Judgment.

**NOW, YOU, THE SAID LEVYING OFFICER**, are hereby required to make the said sums due on the said Judgment, with interest as aforesaid, and costs and accruing costs, to satisfy the said Judgment, in the amount of **\$3,120,742.55** out of the personal property of said Debtor and more fully identified in the attached Addendum, or, if sufficient personal property of said Debtor cannot be found, then out of the real property in your County belonging to Debtor on the day when said Judgment was entered, or at any time thereafter; and make return of this writ within 120 days after your receipt hereof, with what you have done endorsed hereon.

WITNESS, My Hand and the Seal of said Court, this 12 day of February, 2025.



TRICIA BROOKS  
LINCOLN COUNTY CLERK OF COURT

By: Amanda Eckart  
Deputy Clerk of Court

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*Attorneys for Plaintiff BNSF Railway Company*

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BNSF RAILWAY COMPANY, on behalf of  
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Plaintiff/Judgment Creditor,

vs.

THE CENTER FOR ASBESTOS  
RELATED DISEASE, INC.,

Defendant/Judgment Debtor.

Civil Action No.: DV-27-2025-0000003-FJ

**ADDENDUM**

I. Personal Property

The following personal property of Debtor, Center for Asbestos Related Disease ("CARD") is to be seized:

**Office Equipment** – Located W/I building at 214 E. 3<sup>rd</sup> St., Libby, Montana

1. 2 Cisco Catalyst 2960G 24 Port Switch
2. 1 Cisco Catalyst 2960SF Switch
3. 2 Cisco Catalyst 2960S Switch
4. 1 Cisco Catalyst 2960-X Switch
5. 1 FortiGate Firewall 80F
6. 1 HP ProLiant DL 380 Server Gen 9

7. 1 Lenovo Think Server RD350
8. 1 HP ProLiant DL120 Server Gen 5
9. 1 Dell PowerEdge R450
10. 1 Dell PowerEdge R450 Server
11. 2 Dell PowerEdge R720 Server
12. 2 Dell PowerEdge R440 Server
13. 1 Dell PowerEdge R540 Server
14. 1 Dell PowerEdge R610 Server
15. 1 Dell PowerEdge T620 Server
16. 1 Mitel HX Controller
17. 2 HP Pro Curve Switch 2610-24-PWR
18. 1 Server Rack 7ft Enclosed
19. 1 APC Battery Backup
20. 1 PACs Cube
21. Treadmill
22. Postage Meter
23. Envelope Printer
24. Envelope Stuffer
25. Television
26. Security System
27. 2 Projectors/Screen
28. 35 Computers
29. 4 Printers

**Office Furniture** - Located W/I building at 214 E. 3<sup>rd</sup> St., Libby, Montana

30. 12 Lamps
31. 15 Tables
32. 80 Chairs
33. 20 Desks
34. 12 End Tables
35. Entertainment Center
36. Refrigerator
37. Microwave
38. Dishwasher
39. 10 Pictures/Paintings/Other Art work

**Other Machinery, Fixtures, and Equipment** - Located W/I building at 214 E. 3<sup>rd</sup>  
St., Libby, Montana

40. Lawn Mower
41. Snow Blower
42. MCG Diagnostics PFT Machine Model 830007-901
43. MCG Diagnostics PFT Machine Model 830007-902
44. Cepheid PCR Machine Model 900-0511
45. 3 Negative Pressure Units Model 10950-005
46. 3 Freezers Made by Thermo Fischer
47. 2 Spirometry Cart Model Spiro

**II. Real Property**

1. Libby Original Townsite, S03, T30 N, R31 W, Block 8, Lot 20-22, & S15' LOT 19 INCL ABANDON ALLEY \*4305\*; AKA 215 MONTANA AVENUE, LIBBY, MONTANA (PARKING LOT).

2. Libby Original Townsite, S03, T30 N, R31 W, Block 8, Lot 17 & ABANDON ALLEY \*4306; AKA 211 MONTANA AVE, LIBBY, MONTANA (PARKING LOT).
3. Libby Original Townsite, S03, T30 N, R31 W, Block 008, ACRES 0.391, LOTS 6-11 BLK 8 RTRC CS 3989; AKA 214 E. 3RD ST., LIBBY, MONTANA (BUILDING)



49 Commons Loop | Kalispell, MT 59901

5/7/2025

The Center for Asbestos Related Disease, Inc  
214 E 3rd St  
Libby, MT 59923-2056

RE: Garnishment/levy involving account(s):1587

Dear: The Center For Asbestos Related Disease

Today we were served with a Notice of Levy/garnishment from **Lincoln County Sheriff's Office** in the amount of \$3,120,742.55, which attaches to any funds belonging to you, subject to this levy/garnishment.

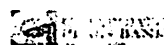
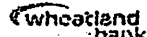
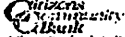
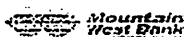
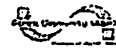
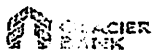
Our records show an available balance of **\$240,793.89** in your deposit accounts. To comply with the levy/garnishment, we have debited your account and charged no levy fee, for a total charge of \$240,793.89. We will remit funds to **Lincoln County Sheriff's Office** on 5/13/2025.

If you have any questions, please contact **Lincoln County Sheriff's Office** at 406-293-4112. A copy of the Notice of Levy/Garnishment is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Kristy Adamic".

Kristy Adamic/Amy Headington  
Fraud Operations Analyst





**Fill in this information to identify the case:**Debtor name CENTER FOR ASBESTOS RELATED DISEASE, INC.United States Bankruptcy Court for the: DISTRICT OF MONTANACase number (if known) 9:23-bk-90135☐ Check if this is an amended filingOfficial Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on August 17, 2023**X /s/ TRACY J. MCNEW**

Signature of individual signing on behalf of debtor

**TRACY J. MCNEW**

Printed name

**EXECUTIVE DIRECTOR**

Position or relationship to debtor

**Fill in this information to identify the case:**Debtor name **CENTER FOR ASBESTOS RELATED DISEASE, INC.**United States Bankruptcy Court for the: **DISTRICT OF MONTANA**Case number (if known): **9:23-bk-90135**☐ Check if this is an  
amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders** 12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
THE UNITED STATES OF AMERICA C/O MICHAEL A. KAKUK U.S. ATTORNEY'S OFFICE 901 FRONT STREET, SUITE 1100 HELENA, MT 59626		JUDGMENT	Disputed			\$4,369,517.25
BNSF RAILWAY COMPANY C/O KNIGHT NICASTRO MAKAY, LLC 1401 WALNUT STREET, SUITE 200 BOULDER, CO 80302		JUDGMENT	Disputed			\$1,456,505.75
TIMOTHY M. BECHTOLD BECHTOLD LAW FIRM P.O. BOX 7051 MISSOULA, MT 59807-7051		ATTORNEY FEES				\$448,063.00
BRAND IT 122 N. RAYMOND RD. SPOKANE, WA 99206		VENDOR				\$27,485.00
VOLSTAR 2123 S 65TH W IDAHO FALLS, ID 83402		VENDOR				\$13,203.95

Debtor **CENTER FOR ASBESTOS RELATED DISEASE, INC.**  
NameCase number (if known) **9:23-bk-90135**

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
GLACIER BANK 615 CALIFORNIA AVENUE LIBBY, MT 59923		REVOLVING CREDIT				\$2,786.00
ROTARY CLUB OF KOOTENAI P.O. BOX 555 LIBBY, MT 59923		MEMBERSHIP				\$800.00
THE MONTANIAN 317 CALIFORNIA AVE LIBBY, MT 59923		ADVERTISING				\$787.52
LIBBY CHAMBER OF COMMERCE 901 W. 9TH P.O. BOX 704 LIBBY, MT 59923		SPONSORSHIP				\$750.00
IRON MOUNTAIN 4545 MAJESTIC DRIVE MISSOULA, MT 59808		PAPER SHREDDING				\$351.23
JEAN PFAU CONSULTING, LLC JEAN C PFAU, Ph.D 3300 E GRAF, UNIT 77 BOZEMAN, MT 59715		MEDICAL SERVICES				\$312.50

**Fill in this information to identify the case:**Debtor name **CENTER FOR ASBESTOS RELATED DISEASE, INC.**United States Bankruptcy Court for the: **DISTRICT OF MONTANA**Case number (if known) **9:23-bk-90135**☐ Check if this is an amended filing**Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

<b>1a. Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <b>1,122,889.00</b>
<b>1b. Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <b>1,163,683.22</b>
<b>1c. Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <b>2,286,572.22</b>

**Part 2: Summary of Liabilities**

<b>2. Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <b>0.00</b>
<b>3. Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
<b>3a. Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <b>0.00</b>
<b>3b. Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <b>6,320,562.20</b>
<b>4. Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <b>6,320,562.20</b>

**Fill in this information to identify the case:**Debtor name **CENTER FOR ASBESTOS RELATED DISEASE, INC.**United States Bankruptcy Court for the: **DISTRICT OF MONTANA**Case number (if known) **9:23-bk-90135**☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor**

Current value of debtor's interest
<b>\$150.00</b>

**2. Cash on hand****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. <b>GLACIER BANK</b>	<b>SAVINGS</b>	<b>2229</b>	<b>\$216,957.08</b>
3.2. <b>GLACIER BANK (CARD SCREENING)</b>	<b>CHECKING</b>	<b>1758</b>	<b>\$9,670.89</b>
3.3. <b>GLACIER BANK (FUNDRAISER)</b>	<b>CHECKING</b>	<b>7938</b>	<b>\$71,751.25</b>
3.4. <b>GLACIER BANK (OPERATING)</b>	<b>CHECKING</b>	<b>1587</b>	<b>\$128,433.50</b>
3.5. <b>LINCOLN COUNTY CREDIT UNION</b>	<b>CHECKING</b>	<b>5000</b>	<b>\$3,407.93</b>
3.6. <b>LINCOLN COUNTY CREDIT UNION</b>	<b>SAVINGS</b>	<b>5000</b>	<b>\$2,796.82</b>

Debtor CENTER FOR ASBESTOS RELATED DISEASE, INC.  
NameCase number (If known) 9:23-bk-901353.7. LINCOLN COUNTY CREDIT UNION CD \$110,618.103.8. FIRST MONTANA BANK SAVINGS 1291 \$157,547.814. **Other cash equivalents (Identify all)**5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$701,333.38****Part 2: Deposits and Prepayments**6. **Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
- ☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1. PREPAID EXPENSES \$24,780.529. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

**\$24,780.52****Part 3: Accounts receivable**10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
- ☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less:	<u>390,423.32</u>	-	<u>78,084.00</u>	= ....	<u>\$312,339.32</u>
	face amount		doubtful or uncollectible accounts		

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

**\$312,339.32****Part 4: Investments**13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
- ☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.

Debtor CENTER FOR ASBESTOS RELATED DISEASE, INC.  
NameCase number (If known) 9:23-bk-90135☐ Yes Fill in the information below.**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

☒ No. Go to Part 7.☐ Yes Fill in the information below.**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

☐ No. Go to Part 8.☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture 12 LAMPS 360 15 TABLES 900 80 CHAIRS 6000 20 DESKS 6000 12 END TABLES 240 ENTERTAINMENT CENTER 500 REFRIGERATOR 1000 MICROWAVE 100 DISHWASHER 400 10 PICTURES 200 PAINTINGS/OTHER ART WORK 25	Unknown	N/A	\$15,725.00
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software 2 CISCO CATALYST 2960G 80 1 CISCO CATALYST 2960SF 150 2 CISCO CATALYST 2960S 80 1 CISCO CATALYST 2960-X 140 1 FORTIGATE FIREWALL 80F 645 1 HP PROLIENT DL 380 GEN 9 800 1LENOVO THINK SERVER RD350 1000 1 HP PROLIENT DL120 G5 160 1 DELL POWEREDGE R450 8000 2 DELL POWEREDGE R720 2000 2 DELL POWEREDGE R440 7000 1 DELL POWEREDGE R540 8000 1 DELL POWEREDGE R610 150 1 DELL POWEREDGE T620 350 1 MITEL HX CONTROLLER 50 2 HP PRO CURVE SWITCH 2610-24-PWR 50 1 SERVER RACK 7FT ENCLOSED 500 1 APC BATTERY BACKUPP 1400 PACS CUBE 3000 MISC MEDICAL/OFFICE SUPPLIES 2500 TREADMILL 200 POSTAGE METER 150 ENVELOPE PRINTER 500 ENVELOPE STUFFER 1500	Unknown	FAIR MARKET	\$37,405.00

Debtor CENTER FOR ASBESTOS RELATED DISEASE, INC.  
NameCase number (If known) 9:23-bk-90135

TELEVISION 300  
SECURITY SYSTEM 3000  
2 PROJECTORS/SCREEN 1500  
35 COMPUTERS 21000  
4 PRINTERS 15000

Unknown

FAIR MARKET

\$40,800.00

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**  
Add lines 39 through 42. Copy the total to line 86.

\$93,930.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☒ No  
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☐ No. Go to Part 9.  
☒ Yes Fill in the information below.

**General description**

Include year, make, model, and identification numbers  
(i.e., VIN, HIN, or N-number)

**Net book value of  
debtor's interest**  
(Where available)

**Valuation method used  
for current value**

**Current value of  
debtor's interest**

47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

48. **Watercraft, trailers, motors, and related accessories** *Examples:* Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

LAWN MOWER 150  
SNOW BLOWER 150

Unknown

FAIR MARKET

\$300.00

PFT MACHINE MODEL 830007-901 3500  
PFT MACHINE MODEL 830007-902 5000  
CEPHEID PCR MACHINE MODEL 900-0511  
1000  
3 NEGATIVE PRESSURE UNITS MODEL  
10950-005 AT 2000 EACH 6000  
3 FREEZERS MADE BY THERMO FISCHER  
11,000  
SPIROMETRY CART MODEL SPIRO 2500  
SPIROMETRY CART MODEL SPIRO 2000

Unknown

FAIR MARKET

\$31,000.00



Debtor CENTER FOR ASBESTOS RELATED DISEASE, INC.  
NameCase number (If known) 9:23-bk-9013551. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

**\$31,300.00**52. **Is a depreciation schedule available for any of the property listed in Part 8?**☒ No☐ Yes53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**☒ No☐ Yes**Part 9: Real property**54. **Does the debtor own or lease any real property?**☐ No. Go to Part 10.☒ Yes Fill in the information below.55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest****Description and location of property**

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).

**Nature and extent of debtor's interest in property****Net book value of debtor's interest**  
(Where available)**Valuation method used for current value****Current value of debtor's interest**55.1. **LIBBY ORIGINAL  
TOWNSITE, S03, T30  
N, R31 W, BLOCK 8,  
Lot 20 - 22, & S15'  
LOT 19 INCL  
ABANDON ALLEY  
\*4305\*; AKA 215  
MONTANA AVENUE,  
LIBBY, MONTANA  
(PARKING LOT)****LIBBY ORIGINAL  
TOWNSITE, S03, T30  
N, R31 W, BLOCK 8,  
Lot 18 & N9' LOT 17  
& N 10' LOT 19 &  
ABANDONED ALLEY  
\*4306; AKA 211  
MONTANA AVENUE,  
LIBBY, MONTANA  
(PARKING LOT)****LIBBY ORIGINAL,  
S03, T30 N, R31 W,  
BLOCK 008, ACRES  
0.391, LOTS 6-11 BLK  
8 RTRC CS 3989;  
AKA 214 E 3RD ST,  
LIBBY, MONTANA  
(BUILDING)****Fee simple****\$1,122,889.00****Book Value****\$1,122,889.00**

Debtor CENTER FOR ASBESTOS RELATED DISEASE, INC.  
NameCase number (If known) 9:23-bk-9013556. **Total of Part 9.**Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.  
Copy the total to line 88.\$1,122,889.0057. **Is a depreciation schedule available for any of the property listed in Part 9?**☒ No☐ Yes58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**☒ No☐ Yes**Part 10: Intangibles and intellectual property**59. **Does the debtor have any interests in intangibles or intellectual property?**☐ No. Go to Part 11.☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. <b>Patents, copyrights, trademarks, and trade secrets</b>			
61. <b>Internet domain names and websites</b>			
62. <b>Licenses, franchises, and royalties</b>			
63. <b>Customer lists, mailing lists, or other compilations CUSTOMERS ARE HEALTH CARE PATIENTS AND THAT INFORMATION CANNOT BE PUBLISHED</b>	<u>Unknown</u>	<u>N/A</u>	<u>Unknown</u>

64. **Other intangibles, or intellectual property**65. **Goodwill**66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.0067. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?)☐ No☒ Yes68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**☒ No☐ Yes69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**☒ No☐ Yes**Part 11: All other assets**70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.☐ Yes Fill in the information below.

Debtor CENTER FOR ASBESTOS RELATED DISEASE, INC.  
NameCase number (If known) 9:23-bk-90135**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$701,333.38</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$24,780.52</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$312,339.32</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$93,930.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$31,300.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$1,122,889.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$1,163,683.22</u>	+ 91b. <u>\$1,122,889.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$2,286,572.22</u>

Fill in this information to identify the case:

Debtor name CENTER FOR ASBESTOS RELATED DISEASE, INC.

United States Bankruptcy Court for the: DISTRICT OF MONTANA

Case number (if known) 9:23-bk-90135

☐ Check if this is an amended filing

Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

**Fill in this information to identify the case:**Debtor name **CENTER FOR ASBESTOS RELATED DISEASE, INC.**United States Bankruptcy Court for the: **DISTRICT OF MONTANA**Case number (if known) **9:23-bk-90135**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>INTERNAL REVENUE SERVICE PO BOX 7346 PHILADELPHIA, PA 19101-7346</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>	<b>\$0.00</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address <b>MONTANA DEPT OF REVENUE BANKRUPTCY SPECIALIST PO BOX 7701 HELENA, MT 59604-7701</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>	<b>\$0.00</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor Name	Case number (if known)	
<b>CENTER FOR ASBESTOS RELATED DISEASE, INC.</b>	<b>9:23-bk-90135</b>	
3.1 Nonpriority creditor's name and mailing address <b>BNSF RAILWAY COMPANY</b> <b>C/O KNIGHT NICASTRO MAKAY, LLC</b> <b>1401 WALNUT STREET, SUITE 200</b> <b>BOULDER, CO 80302</b> Date(s) debt was incurred <u>7/18/2023</u> Last 4 digits of account number <u>NONE</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>JUDGMENT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,456,505.75</b>
3.2 Nonpriority creditor's name and mailing address <b>BRAND IT</b> <b>122 N. RAYMOND RD.</b> <b>SPOKANE, WA 99206</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>VENDOR</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$27,485.00</b>
3.3 Nonpriority creditor's name and mailing address <b>GLACIER BANK</b> <b>615 CALIFORNIA AVENUE</b> <b>LIBBY, MT 59923</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>REVOLVING CREDIT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,786.00</b>
3.4 Nonpriority creditor's name and mailing address <b>IRON MOUNTAIN</b> <b>4545 MAJESTIC DRIVE</b> <b>MISSOULA, MT 59808</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PAPER SHREDDING</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$351.23</b>
3.5 Nonpriority creditor's name and mailing address <b>JEAN PFAU CONSULTING, LLC</b> <b>JEAN C PFAU, Ph.D</b> <b>3300 E GRAF, UNIT 77</b> <b>BOZEMAN, MT 59715</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MEDICAL SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$312.50</b>
3.6 Nonpriority creditor's name and mailing address <b>LIBBY CHAMBER OF COMMERCE</b> <b>901 W. 9TH</b> <b>P.O. BOX 704</b> <b>LIBBY, MT 59923</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>SPONSORSHIP</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$750.00</b>
3.7 Nonpriority creditor's name and mailing address <b>ROTARY CLUB OF KOOTENAI</b> <b>P.O. BOX 555</b> <b>LIBBY, MT 59923</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>MEMBERSHIP</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$800.00</b>

Debtor	<b>CENTER FOR ASBESTOS RELATED DISEASE, INC.</b> <small>Name</small>	Case number (if known)	<b>9:23-bk-90135</b>
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3.8	<b>Nonpriority creditor's name and mailing address</b> <b>THE MONTANIAN</b> <b>317 CALIFORNIA AVE</b> <b>LIBBY, MT 59923</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>ADVERTISING</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$787.52</b>
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>THE UNITED STATES OF AMERICA</b> <b>C/O MICHAEL A. KAKUK</b> <b>U.S. ATTORNEY'S OFFICE</b> <b>901 FRONT STREET, SUITE 1100</b> <b>HELENA, MT 59626</b> Date(s) debt was incurred <u>7/18/2023</u> Last 4 digits of account number <u>NONE</u>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim: <u>JUDGMENT</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,369,517.25</b>
3.10	<b>Nonpriority creditor's name and mailing address</b> <b>TIMOTHY M. BECHTOLD</b> <b>BECHTOLD LAW FIRM</b> <b>P.O. BOX 7051</b> <b>MISSOULA, MT 59807-7051</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>ATTORNEY FEES</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$448,063.00</b>
3.11	<b>Nonpriority creditor's name and mailing address</b> <b>VOLSTAR</b> <b>2123 S 65TH W</b> <b>IDAHO FALLS, ID 83402</b> Date(s) debt was incurred <u>2019</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: <u>VENDOR</u></b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,203.95</b>

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>KNIGHT NICASTRO MACKAY, LLC</b> <b>283 W. FRONT ST.</b> <b>SUITE 203</b> <b>MISSOULA, MT 59802</b>	Line <u>3.1</u> <input type="checkbox"/> Not listed. Explain ____	—
4.2	<b>LEIF M. JOHNSON</b> <b>P.O. BOX 1902</b> <b>BILLINGS, MT 59103</b>	Line <u>3.9</u> <input type="checkbox"/> Not listed. Explain ____	—
4.3	<b>MEGAN L. DISHONG</b> <b>DOJ-USAO</b> <b>1535 LIBERTY LN, STE. 100D</b> <b>MISSOULA, MT 59808</b>	Line <u>3.9</u> <input type="checkbox"/> Not listed. Explain ____	—
4.4	<b>SHANNON L. CLARKE</b> <b>U.S. ATTORNEY'S OFFICE - MISSOULA</b> <b>P.O. BOX 8329</b> <b>MISSOULA, MT 59807</b>	Line <u>3.9</u> <input type="checkbox"/> Not listed. Explain ____	—

Debtor CENTER FOR ASBESTOS RELATED DISEASE, INC.  
NameCase number (if known) 9:23-bk-90135**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b. +	\$ 6,320,562.20
5c.	\$ 6,320,562.20



**Fill in this information to identify the case:**Debtor name **CENTER FOR ASBESTOS RELATED DISEASE, INC.**United States Bankruptcy Court for the: **DISTRICT OF MONTANA**Case number (if known) **9:23-bk-90135**☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **SUBSCRIPTION**

State the term remaining

List the contract number of any government contract

**ADOBE, INC.  
345 PARK AVENUE  
SAN JOSE, CA 95101**2.2. State what the contract or lease is for and the nature of the debtor's interest **CONSULTING AND SERVICE AGREEMENT**

State the term remaining

List the contract number of any government contract

**ALAN LEGASTO, MD  
311 EAST 38TH STREET  
APT 18E  
NEW YORK, NY 10016**2.3. State what the contract or lease is for and the nature of the debtor's interest **CONSULTING AND SERVICE AGREEMENT**

State the term remaining

List the contract number of any government contract

**ALBERT MILLER MD  
179 W SHORE RD.  
GREAT NECK, NY 11024**2.4. State what the contract or lease is for and the nature of the debtor's interest **MEMBERSHIP**

State the term remaining

List the contract number of any government contract

**APHA  
EVENT OPERATIONS  
8001 STREET NW  
WASHINGTON, DC 20001**

Debtor 1 **CENTER FOR ASBESTOS RELATED DISEASE, INC.**  
 First Name Middle Name Last Name

Case number (if known) **9:23-bk-90135**

## Additional Page if You Have More Contracts or Leases

### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **CONSULTING AND SERVICE AGREEMENT**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**AU COURANT BENEFIT  
ADMINISTRATORS, LLC  
DBA SWIFTCURRENT  
175 HUTTON RANCH RD  
KALISPELL, MT 59901**

2.6. State what the contract or lease is for and the nature of the debtor's interest **CONSULTING AND SERVICE AGREEMENT**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**CABINET PEAKS MEDICAL CENTER  
209 HEALTH PARK DR.  
LIBBY, MT 59923**

2.7. State what the contract or lease is for and the nature of the debtor's interest **FEDERAL GRANT**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**CENTERS FOR DISEASE CONTROL  
& PREVENTION  
OFFICE OF GRANTS SERVICE  
2939 BRADYWINE ROAD, MS-TV2  
ATLANTA, GA 30318**

2.8. State what the contract or lease is for and the nature of the debtor's interest **CONSULTING AND SERVICE AGREEMENT**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**CORNELL UNIVERSITY  
P.O. BOX 22  
ITHACA, NY 14851-0022**

2.9. State what the contract or lease is for and the nature of the debtor's interest **CONSULTING AND SERVICE AGREEMENT**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**CURTIS NOONAN PH.D.  
235 S. 4TH ST. WEST  
MISSOULA, MT 59801**

Debtor 1 **CENTER FOR ASBESTOS RELATED DISEASE, INC.**  
First Name Middle Name Last NameCase number (if known) **9:23-bk-90135****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.10. State what the contract or lease is for and the nature of the debtor's interest **CONSULTING AND SERVICE AGREEMENT**

State the term remaining

List the contract number of any government contract

**DR. JAMIE SZEINUK  
36 MALVERN LN  
SCARSDALE, NY 10583**2.11. State what the contract or lease is for and the nature of the debtor's interest **CONSULTING AND SERVICE AGREEMENT**

State the term remaining

List the contract number of any government contract

**IDAHO STATE UNIVERSITY  
921 S. 8TH AVENUE  
STOP 8046  
POCATELLO, ID 83209-8046**2.12. State what the contract or lease is for and the nature of the debtor's interest **CONSULTING AND SERVICE AGREEMENT**

State the term remaining

List the contract number of any government contract

**JEAN PFAU CONSULTING, LLC  
JEAN C PFAU, Ph.D  
3300 E GRAF, UNIT 77  
BOZEMAN, MT 59715**2.13. State what the contract or lease is for and the nature of the debtor's interest **CONSULTING AND SERVICE AGREEMENT**

State the term remaining

List the contract number of any government contract

**JEFFREY A. MILLER, MD  
7 DELLMEAD DR.  
LIVINGSTON, NJ 07039**2.14. State what the contract or lease is for and the nature of the debtor's interest **CONSULTING AND SERVICE AGREEMENT**

State the term remaining

List the contract number of any government contract

**JOHN PARKER  
2099 NE VICTORIAN LN.  
APT A  
BAINBRIDGE ISLAND, WA 98110**

Debtor 1 **CENTER FOR ASBESTOS RELATED DISEASE, INC.**  
 First Name Middle Name Last Name

Case number (if known) **9:23-bk-90135**

## Additional Page if You Have More Contracts or Leases

### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.15. State what the contract or lease is for and the nature of the debtor's interest **MAINTENANCE AGREEMENT**

State the term remaining

List the contract number of any government contract

**MGC DIAGNOSTICS CORPORATION  
 350 OAK GROVE PKWY  
 SAINT PAUL, MN 55127**

- 2.16. State what the contract or lease is for and the nature of the debtor's interest **CONSULTING AND SERVICE AGREEMENT**

State the term remaining

List the contract number of any government contract

**MOUNT SINAI HEALTH SYSTEM, INC.  
 1 GUSTAVE L. LEVY PLACE  
 NEW YORK, NY 10029-6574**

- 2.17. State what the contract or lease is for and the nature of the debtor's interest **SOFTWARE FOR ELECTRONIC RECORD KEEPING**

State the term remaining

List the contract number of any government contract

**NEXTGEN  
 P.O. BOX 511449  
 LOS ANGELES, CA 90051**

- 2.18. State what the contract or lease is for and the nature of the debtor's interest **CONSULTING AND SERVICE AGREEMENT**

State the term remaining

List the contract number of any government contract

**NORTHWEST IMAGING PC  
 P.O. BOX 1769  
 COEUR D ALENE, ID 83816**

- 2.19. State what the contract or lease is for and the nature of the debtor's interest **CONSULTING AND SERVICE AGREEMENT**

State the term remaining

List the contract number of any government contract

**ROBERT J. TALLAKSEN, MD  
 211 PARK ST.  
 MORGANTOWN, WV 26501**

**Fill in this information to identify the case:**Debtor name **CENTER FOR ASBESTOS RELATED DISEASE, INC.**United States Bankruptcy Court for the: **DISTRICT OF MONTANA**Case number (if known) **9:23-bk-90135**☐ Check if this is an amended filing

## Official Form 206H

**Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1		Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2		Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3		Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4		Street City State Zip Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

**Fill in this information to identify the case:**Debtor name **CENTER FOR ASBESTOS RELATED DISEASE, INC.**United States Bankruptcy Court for the: **DISTRICT OF MONTANA**Case number (if known) **9:23-bk-90135**☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy****04/22**

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income****1. Gross revenue from business**☐ None.

**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year**

**From the beginning of the fiscal year to filing date:**  
From **1/01/2023** to **Filing Date**

**Sources of revenue**  
Check all that apply

☒ Operating a business☐ Other \_\_\_\_\_

**Gross revenue**  
(before deductions and exclusions)

**\$1,897,524.83**

**For prior year:**  
From **1/01/2022** to **12/31/2022**

☒ Operating a business☐ Other \_\_\_\_\_**\$4,067,801.62**

**For year before that:**  
From **1/01/2021** to **12/31/2021**

☒ Operating a business☐ Other \_\_\_\_\_**\$3,220,728.00****2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value**

**Reasons for payment or transfer**  
*Check all that apply*

Debtor **CENTER FOR ASBESTOS RELATED DISEASE, INC.**Case number (if known) **9:23-bk-90135**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <b>4IMPRINT 25303 NETWORK PLACE CHICAGO, IL 60673</b>	<b>MAY, JUNE, JUNE, 2023</b>	<b>\$10,046.70</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.2. <b>RUDD &amp; COMPANY PLLC 3805 VALLEY COMMONS DR. STE. 7 BOZEMAN, MT 59718</b>	<b>MAY, JUNE, JULY, 2023</b>	<b>\$34,159.40</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.3. <b>ALAN LEGASTO, MD 311 EAST 38TH STREET APT 18E NEW YORK, NY 10016</b>	<b>MAY, JUNE, JULY 2023</b>	<b>\$30,350.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.4. <b>AMERICAN FUND SERVICE COMPANY P.O. BOX 6164 INDIANAPOLIS, IN 46206</b>	<b>MAY, JUNE, JULY 2023</b>	<b>\$8,804.46</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.5. <b>TIMOTHY M. BECHTOLD BECHTOLD LAW FIRM P.O. BOX 7051 MISSOULA, MT 59807-7051</b>	<b>MAY, JUNE, JULY 2023</b>	<b>\$11,023.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.6. <b>CABINET PEAKS MEDICAL CENTER 214 E 3RD ST LIBBY, MT 59923</b>	<b>MAY, JUNE, JULY 2023</b>	<b>\$86,817.96</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.7. <b>COMMUNITY MEDICAL CENTER PO BOX 116344 ATLANTA, GA 30368</b>	<b>MAY, JUNE, JULY 2023</b>	<b>\$7,740.50</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.8. <b>CORNELL UNIVERSITY P.O. BOX 22 ITHACA, NY 14851-0022</b>	<b>MAY, JUNE, JULY 2023</b>	<b>\$10,263.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___

Debtor **CENTER FOR ASBESTOS RELATED DISEASE, INC.**Case number (if known) **9:23-bk-90135**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.9. <b>GLACIER BANK 615 CALIFORNIA AVENUE LIBBY, MT 59923</b>	<b>MAY, JUNE, JULY 2023</b>	<b>\$35,752.41</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.10 <b>IMPOSSIBLE PRODUCTIONS P.O. BOX 340020 NASHVILLE, TN 37203</b>	<b>MAY, JUNE, JULY 2023</b>	<b>\$17,900.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.11 <b>DR. JAMIE SZEINUK 36 MALVERN LN SCARSDALE, NY 10583</b>	<b>MAY, JUNE, JULY 2023</b>	<b>\$8,600.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.12 <b>LABORATORY CORPORATION OF AMERICA HOLDIN P.O. BOX 12140 BURLINGTON, NC 27216-2140</b>	<b>MAY, JUNE, JULY 2023</b>	<b>\$28,234.20</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.13 <b>LOGAN HEALTH MEDICAL CENTER PO BOX 748730 LOS ANGELES, CA 90074-8730</b>	<b>MAY, JUNE, JULY 2023</b>	<b>\$15,466.50</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.14 <b>MOUNT SINAI HEALTH SYSTEM, INC. 1 GUSTAVE L. LEVY PLACE NEW YORK, NY 10029-6574</b>	<b>MAY, JUNE, JULY 2023</b>	<b>\$8,600.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.15 <b>NEXTGEN PO BOX 511449 LOS ANGELES, CA 90051</b>	<b>MAY, JUNE, JULY 2023</b>	<b>\$7,250.85</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.16 <b>NORTHWEST IMAGING PO BOX 1769 COEUR D ALENE, ID 83816</b>	<b>MAY, JUNE, JULY 2023</b>	<b>\$11,139.50</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___



Debtor **CENTER FOR ASBESTOS RELATED DISEASE, INC.**Case number (if known) **9:23-bk-90135**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.17 <b>PACIFIC SOURCE HEALTH PLANS P.O. BOX 35123 SEATTLE, WA 98124-5123</b>	<b>MAY, JUNE, JULY 2023</b>	<b>\$37,790.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.18 <b>QUICKBOOKS PAYROLL SERVICES</b>	<b>MAY, JUNE, JULY 2023</b>	<b>\$299,810.69</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.19 <b>SWIFTCURRENT, LLC 175 HUTTON RANCH RD STE 103 #145 KALISPELL, MT 59901</b>	<b>MAY, JUNE, JULY 2023</b>	<b>\$25,000.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.20 <b>WILLIAM MORRIS ENDEAVOR ENTERTAINMENT 1201 DEMONBREUN ST. #15 NASHVILLE, TN 37203</b>	<b>MAY, JUNE, JULY 2023</b>	<b>\$17,500.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.21 <b>XBYTE TECHNOLOGIES INC. 4614 19TH ST CT E BRADENTON, FL 34201</b>	<b>MAY, JUNE, JULY 2023</b>	<b>\$10,493.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

Debtor **CENTER FOR ASBESTOS RELATED DISEASE, INC.**Case number (if known) **9:23-bk-90135**☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. BNSF RAILWAY COMPANY, ON BEHALF OF THE UNITED STATES OF AMERICA VS. CENTER FOR ASBESTOS RELATED DISEASE, INC. CV 19-40-M-DLC	FALSE CLAIM ACT	IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MONTANA MISSOULA DIVISION MISSOULA, MT	<input type="checkbox"/> Pending <input checked="" type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☐ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. CABINET PEAKS MEDICAL CENTER 209 HEALTH PARK DR. LIBBY, MT 59923	SPONSORSHIP	2022 AND 2023	\$2,470.00
Recipients relationship to debtor NONE			
9.2. HERITAGE MUSUEM	SPONSORSHIP	2021	\$1,000.00
Recipients relationship to debtor NONE			
9.3. VENTURE MOTOR INN CARVING EVENT	SPONSORSHIP	2023	\$1,000.00
Recipients relationship to debtor NONE			

Debtor **CENTER FOR ASBESTOS RELATED DISEASE, INC.**Case number (if known) **9:23-bk-90135**

	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.4.	ROTARY CLUB OF KOOTENAI P.O. BOX 555 LIBBY, MT 59923	SPONSORSHIP	2022	\$1,000.00
	Recipients relationship to debtor			
9.5.	KOTENAI COUNTY INTL CHAIN SAW CARVING COMPETITION	SPONSORSHIP	2022	\$1,000.00
	Recipients relationship to debtor			
	NONE			
9.6.	CABINET VIEW GOLF CLUB	SPONSORSHIP	2022	\$2,500.00
	Recipients relationship to debtor			
	NONE			

**Part 5: Certain Losses**

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B ( <i>Schedule A/B: Assets – Real and Personal Property</i> ).		

**Part 6: Certain Payments or Transfers**

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	PATTEN PETERMAN BEKKEDAHL & GREEN 2817 2ND AVENUE N, ST 300 BILLINGS, MT 59101	Pre-petition Attorney Fees were in the amount of \$4,621.37. The amount currently held in trust by PPBG is \$45,778.63.	6/20/2023 - \$400.00; 7/28/2023 - \$50,000	\$4,621.37
	Email or website address apatten@ppbglaw.com			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

Debtor **CENTER FOR ASBESTOS RELATED DISEASE, INC.**Case number (if known) **9:23-bk-90135**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.  
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1 CARD FOUNDATION	CARD FOUNDATION WAS A SEPARATE 501C3 THAT WAS DISSOLVED. THEIR ASSETS WERE GIVEN TO CARD AT \$67,961.79 PUT IN A NEW ACCOUNT CALLED "FUNDRAISER."	1/13/2023	\$67,961.79
Relationship to debtor NONE			

**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
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**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☒ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. CENTER FOR ASBESTOS RELATED DISEASE, INC 214 EAST 3RD STREET LIBBY, MT 59923	NON-PROFIT HEALTH CARE CLINIC	9000
	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. 214 EAST 3RD STREET LIBBY, MT 59923	How are records kept? Check all that apply: <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper

**Part 9: Personally Identifiable Information**

Debtor **CENTER FOR ASBESTOS RELATED DISEASE, INC.**Case number (if known) **9:23-bk-90135****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☐ No.
- ☒ Yes. State the nature of the information collected and retained.

**ELECTRONIC HEALTH RECORDS**

Does the debtor have a privacy policy about that information?

- ☐ No
- ☒ Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☐ No. Go to Part 10.
- ☒ Yes. Does the debtor serve as plan administrator?
- ☒ No Go to Part 10.
- ☐ Yes. Fill in below:

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	GLACIER BANK 615 CALIFORNIA AVENUE LIBBY, MT 59923	XXXX-	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input checked="" type="checkbox"/> Other <u>SAFE DEPOSIT BOX - NO ACCOUNT NUMBER</u>	CLOSED MAY 5, 2023 (THIS SAFE DEPOSIT BOX HELD INFORMATION TECHNOLOGY BACK UPS. A NEW SAFE DEPOSIT BOX WAS OPENED AT FIRST MONTANA BANK ON 3/22/23)	\$0.00

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☐ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
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Debtor **CENTER FOR ASBESTOS RELATED DISEASE, INC.**Case number (if known) **9:23-bk-90135**

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
FIRST MONTANA BANK LIBBY, MT 59923	TRACY MCNEW, EXECUTIVE DIRECTOR LEROY THOM , BOARD PRESIDENT NATHANAEL KRAMER, INFORMATION TECHNOLOGY CHRISTINE EKSTEDT, DATABASE COORDINATOR	INFORMATION TECHNOLOGY BACKUPS (OPENED ON 3/22/23)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
HIGH COUNTRY BOAT AND RV STORAGE 31071 US HWY 2 LIBBY, MT 59923	MAINTENANCE EMPLOYEE OF CENTER FOR ASBESTOS RELATED DISEASE, INC.	MEDICAL RECORDS	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.

- ☒ No.  
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.  
☐ Yes. Provide details below.

Debtor **CENTER FOR ASBESTOS RELATED DISEASE, INC.**Case number (if known) **9:23-bk-90135**

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.
- ☐ Yes. Provide details below.

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address

Date of service  
From-To

26a.1. **SWIFT CURRENT ACCOUNTING**  
**19 APPELWAY DR.**  
**KALISPELL, MT 59901**

**6/2016 - PRESENT**

26a.2. **MISSION ACCOUNTING**  
**19 APPELWAY DR.**  
**KALISPELL, MT 59901**

**7/2017 - PRESENT**

26a.3. **JANINE PRICE**  
**214 E. 3RD ST.**  
**LIBBY, MT 59923**

**9/20/2022 - PRESENT**

26a.4. **MELINDA VANSICKLE**  
**214 E. 3RD ST.**  
**LIBBY, MT 59923**

**1/24/2022 - 9/24/2022**

26a.5. **VIKTORIYA SMITH**  
**214 E. 3RD ST.**  
**LIBBY, MT 59923**

**7/29/2020 - 5/21/2022**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☐ None

Name and address

Date of service  
From-To

26b.1. **RUDD & COMPANY PLLC**  
**3805 VALLEY COMMONS DR.**  
**STE. 7**  
**BOZEMAN, MT 59718**

**6/2011 - PRESENT**

Debtor **CENTER FOR ASBESTOS RELATED DISEASE, INC.**Case number (if known) **9:23-bk-90135**

Name and address		Date of service From-To
26b.2.	<b>SWIFT CURRENT ACCOUNTING 19 APPELWAY DR. KALISPELL, MT 59901</b>	<b>6/2016 - PRESENT</b>
Name and address		Date of service From-To
26b.3.	<b>MISSION ACCOUNTING 19 APPELWAY DR. KALISPELL, MT 59901</b>	<b>7/2017 - PRESENT</b>
Name and address		Date of service From-To
26b.4.	<b>JANINE PRICE 214 E. 3RD ST. LIBBY, MT 59923</b>	<b>9/20/2022 - PRESENT</b>

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address		If any books of account and records are unavailable, explain why
26c.1.	<b>RUDD &amp; COMPANY PLLC 3805 VALLEY COMMONS DR. STE. 7 BOZEMAN, MT 59718</b>	
26c.2.	<b>SWIFT CURRENT ACCOUNTING 19 APPELWAY DR. KALISPELL, MT 59901</b>	
26c.3.	<b>MISSION ACCOUNTING 19 APPELWAY DR. KALISPELL, MT 59901</b>	
26c.4.	<b>JANINE PRICE 214 E. 3RD ST. LIBBY, MT 59923</b>	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address	
26d.1.	<b>GLACIER BANK 615 CALIFORNIA AVENUE LIBBY, MT 59923</b>

## 27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- ☒ No  
☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
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28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.



Debtor **CENTER FOR ASBESTOS RELATED DISEASE, INC.**Case number (if known) **9:23-bk-90135**

Name	Address	Position and nature of any interest	% of interest, if any
<b>LEROY THOM</b>	<b>706 SHALOM RD. LIBBY, MT 59923</b>	<b>PRESIDENT</b>	<b>N/A</b>
Name	Address	Position and nature of any interest	% of interest, if any
<b>MICHAEL NOBLE</b>	<b>6669 FARM TO MARKET RD LIBBY, MT 59923</b>	<b>TREASURER</b>	<b>N/A</b>
Name	Address	Position and nature of any interest	% of interest, if any
<b>GENE RECKIN</b>	<b>620 FLORENCE RD LIBBY, MT 59923</b>	<b>SECRETARY</b>	<b>N/A</b>
Name	Address	Position and nature of any interest	% of interest, if any
<b>KYLIE BLAND</b>	<b>2014 MELANIE LN. LIBBY, MT 59923</b>	<b>VICE PRESIDENT</b>	<b>N/A</b>
Name	Address	Position and nature of any interest	% of interest, if any
<b>GARREY ALLEN</b>	<b>503 IDAHO AVENUE LIBBY, MT 59923</b>	<b>MEMBER</b>	<b>N/A</b>
Name	Address	Position and nature of any interest	% of interest, if any
<b>TRACY MCNEW</b>	<b>214 E. 3RD ST. LIBBY, MT 59923</b>	<b>EXECUTIVE DIRECTOR</b>	<b>N/A</b>

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☐ No  
☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
<b>GARY ROBERTS</b>	<b>427 KOOTENAI DRIVE LIBBY, MT 59923</b>	<b>SECRETARY</b>	<b>POSITION ENDED AS OF JULY, 2023</b>
Name	Address	Position and nature of any interest	Period during which position or interest was held
<b>JACKSON GARRISON</b>	<b>122 WHITETAIL WAY TROY, MT 59935</b>	<b>TREASURER</b>	<b>POSITION ENDED AS OF JULY, 2023</b>
Name	Address	Position and nature of any interest	Period during which position or interest was held
<b>BRITTANY VINSON</b>	<b>141 NORMAN AVENUE LIBBY, MT 59923</b>	<b>BOARD MEMBER</b>	<b>POSITION ENDED AS OF JULY, 2023</b>
Name	Address	Position and nature of any interest	Period during which position or interest was held
<b>DAVID STEPHENSON</b>	<b>260 REMPS RD. LIBBY, MT 59923</b>	<b>BOARD MEMBER</b>	<b>PASSED AWAY ON 4/16/2023</b>

Debtor **CENTER FOR ASBESTOS RELATED DISEASE, INC.**Case number (if known) **9:23-bk-90135****30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No  
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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**31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

**32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**

- ☒ No  
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the pension fund
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Debtor CENTER FOR ASBESTOS RELATED DISEASE, INC.Case number (if known) 9:23-bk-90135**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on August 17, 2023

/s/ TRACY J. MCNEW

Signature of individual signing on behalf of the debtor

TRACY J. MCNEW

Printed name

Position or relationship to debtor EXECUTIVE DIRECTOR

**Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?**

☒ No

☐ Yes

**United States Bankruptcy Court  
District of Montana**

In re CENTER FOR ASBESTOS RELATED DISEASE, INC.

Debtor(s)

Case No. 9:23-bk-90135Chapter 11

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<u>4,621.37</u>
Prior to the filing of this statement I have received .....	\$	<u>4,621.37</u>
Balance Due .....	\$	<u>0.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- [Other provisions as needed]

**General bankruptcy counsel, examination of claims, preparation of plan and disclosure statement, etc.**

**James A. Patten is the lead attorney with an hourly rate of \$400.00. Molly S. Considine is an associate attorney and her hourly rate is \$275.00. The hourly rates of the other attorneys in the office range from \$175.00 - \$385.00. The hourly rates of the paralegals working on this case range from \$90.00 to \$195.00.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

August 17, 2023

*Date*

/s/ JAMES A. PATTEN

**JAMES A. PATTEN 1191**

*Signature of Attorney*

**PATTEN PETERMAN BEKKEDAH  
& GREEN**

**2817 2ND AVENUE N, ST 300**

**BILLINGS, MT 59101**

**406-252-8500 Fax: 406-294-9500**

**apatten@ppbglaw.com**

*Name of law firm*

**United States Bankruptcy Court  
District of Montana**

In re CENTER FOR ASBESTOS RELATED DISEASE, INC.

Debtor(s)

Case No. 9:23-bk-90135Chapter 11

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
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**-NONE-**

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **EXECUTIVE DIRECTOR** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date August 17, 2023Signature /s/ TRACY J. MCNEW  
TRACY J. MCNEW

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court  
District of Montana**

In re **CENTER FOR ASBESTOS RELATED DISEASE, INC.**

Debtor(s)

Case No. **9:23-bk-90135**

Chapter **11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **CENTER FOR ASBESTOS RELATED DISEASE, INC.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

**August 17, 2023**

Date

**/s/ JAMES A. PATTEN**

**JAMES A. PATTEN 1191**

Signature of Attorney or Litigant

Counsel for **CENTER FOR ASBESTOS RELATED DISEASE, INC.**

**PATTEN PETERMAN BEKKEDAHL**

**& GREEN**

**2817 2ND AVENUE N, ST 300**

**BILLINGS, MT 59101**

**406-252-8500 Fax: 406-294-9500**

**apatten@ppbglaw.com**



Chad M. Knight  
Cole R. Anderson  
Attorney  
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Missoula, MT 59802  
[anderson@knightnicastro.com](mailto:anderson@knightnicastro.com)  
T: 406-545-2208  
F: 816-396-6233

May 7, 2025

**Via ~ Hand Delivery and Electronic Mail**

CARD Clinic  
214 E. 3<sup>rd</sup> Street  
Libby, Montana 59923

Re: ***Transfer of Data and other PHI***

To Whom it May Concern:

Neither the Lincoln County Sherriff's Office nor BNSF Ry. Co. intends to possess or retain any of the CARD Clinic's data including but not limited to Protected Health Information ("PHI"). You will be able to access your computers and/or servers at any reasonable time after notice is given to the Lincoln County Sherriff's office. If you would like to transfer your data off your servers, BNSF has retained Jason Sternad and Jason Poor of Auxi Solutions out of Kalispell to assist with a transfer of the data or removal of the hard drives from your servers and/or computers if you would like. Mr. Sternad's telephone number is (406) 393-2466. Auxi Solutions has been retained for May 7 and 8, 2025.

Alternatively, if you would like to hire your own data transfer specialists to assist, you are free to do so and the Sheriff's office will permit them to go onto the property to obtain your data.

May 7, 2025  
Page 2

If there are any other technical issues you foresee, please let us or the Sheriff know, and we would be happy to accommodate.

Sincerely,

Chad M. Knight

KNIGHT NICASTRO MACKAY, LLC





214 East 3<sup>rd</sup> Street Libby, Montana 59923 (406)293-9274 fax:(406)293-9280

### Notice of Federal Interest

On November 4, 2009, the Health Resources and Services Administration awarded Grant No. C76HF12969 to the Center for Asbestos Related Disease. The grant provides funds for construction of an addition, which is located on the land described below in Lincoln County, State of Montana:

Lots 6, 7, 8, 9, 10, and 11, Block 8, Libby, Montana, according to the plat thereof on file in the office of the Clerk and Recorder of Lincoln County, Montana – Land and Buildings within the scope of the grant project.

The notice of Award for this grant includes conditions on use of the aforementioned property and provides for a continuing Federal interest in the property. Specifically, the property may not be (1) used for any purpose inconsistent with the statute and any program regulations governing the award under which the property was acquired; (2) mortgaged or otherwise used as collateral without written permission of the Associate Administrator, Office of Federal Assistance Management (OFAM) Health Resources and Service Administration (HRSA); or (3) sold or transferred to another party without the written permission of the Associate Administrator, OFAM, HRSA. These conditions are in accordance with the statutory provisions set forth in The Consolidated Appropriations Act of 2008, P.L. 110-161 P.L. 11-8, Health Care and Other Facilities Awards, Special Congressional Initiative, Announcement Number HRSA-09-163, Catalog of Federal Domestic Assistance (CFDA) No. 93.887, Title 45 CFR part 74 or 92 as applicable, the HHS Grants Policy Statement, and other terms and conditions of award.

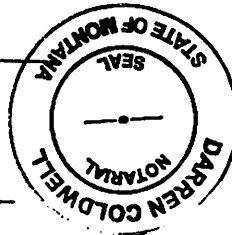
These grant conditions and requirements cannot be nullified or voided through a transfer of ownership. Therefore, advance notice of any proposed change in usage or ownership must be provided to the Associate Administrator, OFAM, HRSA.

Signature: 

Typed Name: Michael Giesey

Title: President

Date: 3/17/2010

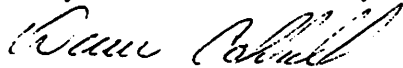


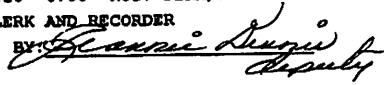
State of Montana  
County of Lincoln

On this 7 day of March, 2010, before me, the undersigned, a Notary Public for the County of Lincoln, Montana, personally appeared before me and is known to and acknowledged to me that he/she executed the same as the free act and deed of said Corporation.

Witness my hand and official seal.

Notary Public in and for the County of Lincoln, State of Montana.



225150 BOOK: PF PERM/FILES PAGE: 10455 Pages: 1  
STATE OF MONTANA LINCOLN COUNTY  
RECORDED: 03/18/2010 4:00 KOI: PERM/FILE  
TAMMY D. LAUER CLERK AND RECORDER  
FEE: \$5.00 BY:   
TO: FILED